



PTO/SB/01 (08-03)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

DB001056-001

First Named Inventor

Broussard et al.

COMPLETE IF KNOWN

Application Number

10/688,505

Filing Date

17 October 2003

Art Unit

2876

Examiner Name

Not yet assigned

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**AUTOMATED DRUG SUBSTITUTION, VERIFICATION, AND REPORTING SYSTEM***(Title of the Invention)*

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

10/17/2003

as United States Application Number or PCT International

Application Number

10/688,505

and was amended on (MM/DD/YYYY)

(if applicable).

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Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
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			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number: 24122				OR <input type="checkbox"/> Correspondence address below	
Name					
Address					
City		State		ZIP	
Country		Telephone		Fax	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Brian				Family Name or Surname Broussard	
Inventor's Signature <i>Brian S. Broussard</i>				Date 22 Mar 04	
Residence: City Lafayette		State LA		Country US	
Mailing Address 309 Leonie Street					
City Lafayette		State LA		Country US	
NAME OF SECOND INVENTOR:				<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Samuel L.				Family Name or Surname Nebeker	
Inventor's Signature				Date	
Residence: City Pittsburgh		State PA		Country US	
Mailing Address 377 Anawanda Ave.					
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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 1 of 1

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Given Name (first and middle (if any))		Family Name or Surname	
Jeffery		Henry	
Inventor's Signature		Date	
Port Barre Residence: City	LA State	US Country	US Citizenship
315 Bayou Drive Mailing Address			
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Given Name (first and middle [if any]) Samuel L.			Family Name or Surname Nebout		
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Given Name (first and middle (if any))		Family Name or Surname	
Jeffery		Henry	
Inventor's Signature <i>Jeff Henry</i>		Date <i>3/12/04</i>	
Port Barre Residence: City	LA State	US Country	US Citizenship
315 Bayou Drive Mailing Address			
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Inventor's Signature <i>Samuel L. Nebbio</i>				Date 3/24/04	
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Inventor's Signature		Date	
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